



2019 Community Health Needs Assessment

Mercy Health - Marcum and Wallace Hospital, Irvine, Kentucky

Mercy Health has been committed to the communities it serves for nearly two centuries. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

In this same theme of providing healthcare to our region, every three years we seek community feedback as part of a comprehensive Community Health Needs Assessment (CHNA) process. The assessments include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is the most recent CHNA for Mercy Health – Marcum and Wallace Hospital. The report details those needs in our community where opportunities exist for us to live our Mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities.

As part of Bon Secours Mercy Health, the fifth-largest Catholic health system in the U.S., we contribute nearly \$2 million per day in community benefit services as we carry out our Mission of extending care to the poor and underserved.

Mercy Health – Marcum and Wallace Hospital has identified the greatest needs in our community. This ensures our resources for outreach, prevention, education and wellness are directed toward opportunities where the greatest impact can be realized. Please read the document's introduction below to better understand the health needs that have been identified.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to <https://www.mercy.com/global/about-us/contact-mercy-health>.

“For more than 100 years, Mercy Health – Kentucky has provided our region high-quality, compassionate and advanced care,” said Michael Yungmann, president, Mercy Health - Kentucky. “We have been able to provide this level of care by responding to the ever-changing needs of our community.”

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Significant health needs

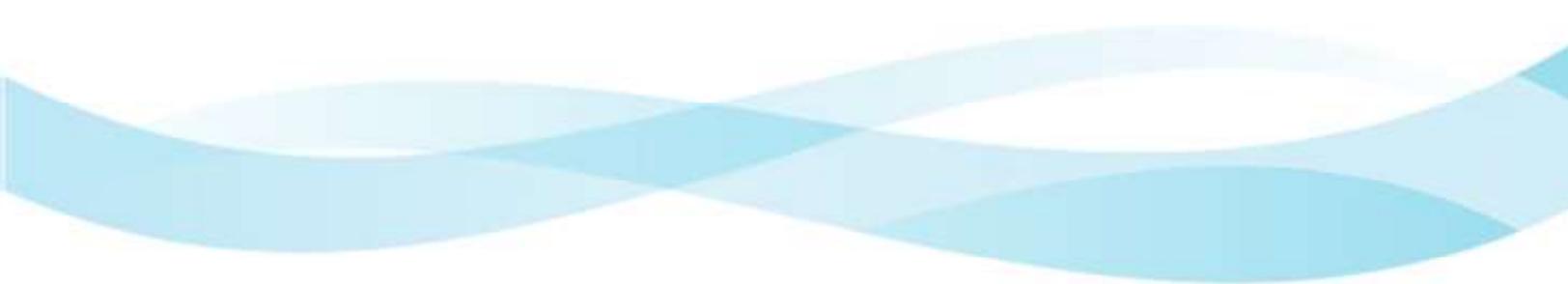
1. Mental Health Issues
2. Substance Use/Drugs
3. Obesity
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Prioritized health needs

1. Mental Health Issues
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PROGRESS ON 2016 CHNA



Introduction

COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Mercy health - Marcum and Wallace Hospital (Marcum and Wallace Hospital or MWH) is a 25-bed Critical Access Hospital (CAH) located in Irvine, Kentucky (Estill County) who serves as the center of care for two other rural Kentucky counties, including Lee and Powell. Like other rural communities, residents in the defined service area on average are more likely to suffer from chronic illness than their urban counterparts, but have limited access to healthcare services, lower incomes and insurance coverage, and fewer physicians per capita. Barriers to access to healthcare continue to be a major issue for people of this region, particularly those without adequate health insurance and at the lower end of the socioeconomic ladder. Although uninsured rates are improving with the expansion of Medicaid, the average uninsured rate, Medicaid rate, poverty and unemployment are all considerably higher in this region as compared to the rest of the nation (Table 1).

Table 1 Socio-economic factors in Service Area.

	Estill	Lee	Powell	Kentucky
Median Household Income	\$34,096	\$28,672	\$35,817	\$48,332
Population	14,277	6,570	12,374	4,454,189
%65 older	18.5%	18.4%	15.5%	16.0%
Unemployment	6.0%	8.9%	6.6%	4.9%
Child Poverty	30%	39%	35%	22%
Data Source: County Health Rankings, 2019				

The underinsured population in this region is larger than the Kentucky state average which has several negative consequences. First, individuals are not receiving preventative health care and are either visiting the emergency room for routine illnesses or prolonging receiving medical care until it becomes an emergency. Second, health care providers are often uncompensated for the care they receive thus weakening the financials of the regional hospitals and clinics. Finally, it is also difficult to recruit health care professionals to an area with a large share of underinsured households.

Table 2 Health Access Factors for Service Area.

	Estill	Lee	Powell	Kentucky
Medicaid	32%	40%	33%	20%
Physician Ratio	1/2142	1/2666	1/2283	1/500
HPSA/MUA Designation	HPSA	HPSA	HPSA	

As expected, areas with high underinsured rates will experience higher than average rates of chronic diseases, cancer deaths, and diabetes. This is reflective in the overall health status of individuals living in the three-county service area compared to statistics for the Commonwealth of Kentucky and the United States. Behavioral conditions such as smoking, obesity, lacking physical activity and oral health are quite high in this area. As a potential result of lacking adequate health insurance and have high incidence rates of diabetes, heart disease, and cancer death rates.

Geographic Identifiers: Estill, Lee, and Powell Counties
 Zip Codes: 40336, 41311, 40380

INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED

T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))	Date of data/information
Powell County Health Department	05/22/19 & 10/01/19
Kentucky River District Health Department	05/22/19 & 10/01/19

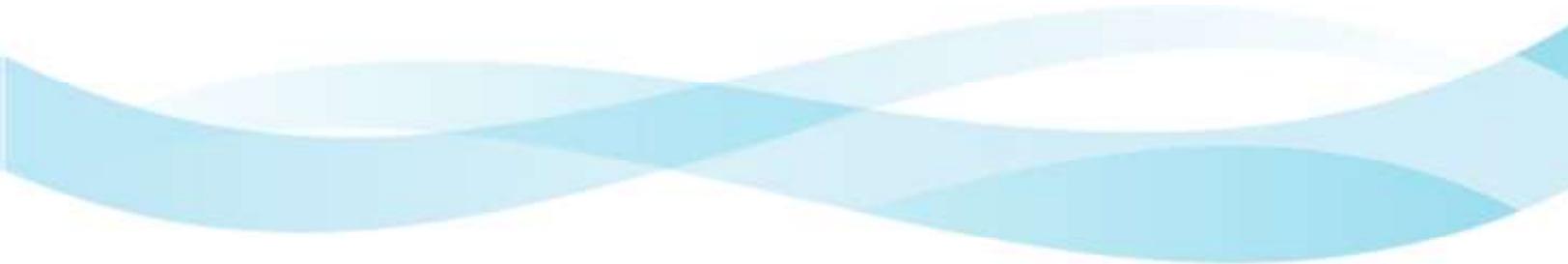
At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))	Date of data/information
Interfaith Wellness Ministry	05/22/19 & 10/01/19
Housing Authority of Irvine	05/22/19
Project Home Director	05/22/19
KY River Foothills Development Council	05/22/19 & 10/01/19

Process and methods

PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION

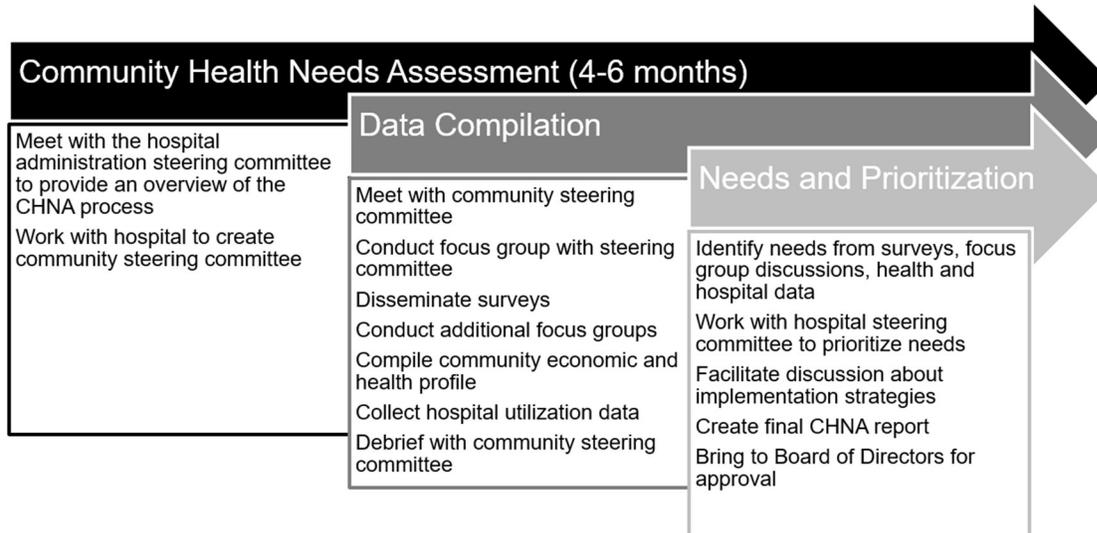
Process and methods to conduct the community health needs assessment:

Marcum and Wallace Hospital contracted with the Community and Economic Development Initiative of Kentucky (CEDIK) with the University of Kentucky in the summer of 2019 to conduct a Community Health Needs Assessment (CHNA) in accordance with the Affordable Care Act (ACA). The Affordable Care Act (ACA), enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3), as well as new reporting and excise taxes. The IRS requires hospital organizations to complete a CHNA and adopt an implementation strategy at least once



every three years. This CHNA was the third prepared by CEDIK for this organization; prior reports were completed in 2013 and 2016.

Based on the IRS requirements, CEDIK used the following process to perform the CHNA between May to October 2019:



Community Steering Committee

The Community Steering Committee met twice as a group between May and October 2019, and each time a hospital representative opened the meetings with appreciation of the members’ service, the purpose of the CHNA and the importance of the members’ active involvement and input. CEDIK presented the CHNA process at the first meeting and the important role of the steering committee in the distribution and collection of the community surveys (including a shareable mobile survey link and paper surveys), identifying locations and contacts for potential focus groups.

Data Sources

The assessment process included collecting secondary data related to the health of the community. Social and economic data as well as health outcomes and providers data were collected from secondary sources to help provide context for the community, using 2019 County Health Rankings (www.countyhealthrankings.org), retrieved October 2019. In addition, CEDIK compiled hospital utilization data to better understand who was using the facility and for what services. Finally, with the assistance of the Community Steering Committee, input from the community was collected through focus group discussions and surveys.

External sources

- County Health Rankings, www.countyhealthrankings.org
- U.S. Center for Disease Control, 2017 Health Data

Collaborating partners

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment. Each organization provided representation on the community steering committee that assisted with the process.

- Estill County EMS
- Interfaith Wellness Ministry
- KY River Foothills Development Council, Inc
- Powell County Health Department
- Housing Authority of Irvine
- Kentucky River District Health Department
- Estill Development Alliance
- Estill County Chamber of Commerce
- Estill County Schools
- Lee County Fiscal Court
- Carhartt
- Community Economic Development Initiative of Kentucky (CEDIK) at the University of Kentucky

Community input

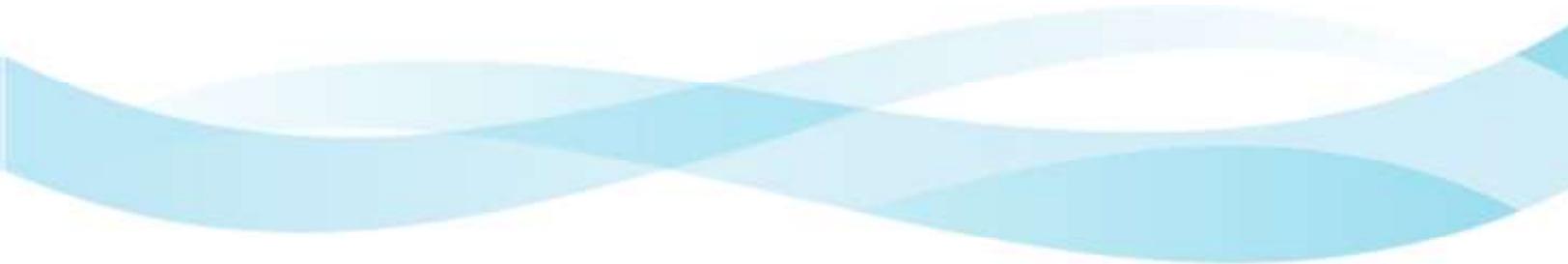
T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the previously completed CHNA.

The CHNA relied heavily on input from local residents and health-related organizations. The primary sources of data included one-on-one interviews with numerous local stakeholders, a variety of local focus groups, and survey data gathered from individuals within the service area. Combined input was received from local public health departments, social agencies, healthcare providers and local employers within the geographic service region.

Through both the focus groups and the surveys, questions asked how the respondent felt the hospital could address the health needs of the community. There were two questions asked in both the community survey and the focus group:

1. How can Marcum & Wallace better meet the community's health needs?
2. What other healthcare services should be provided in your community?



The following responses were received:

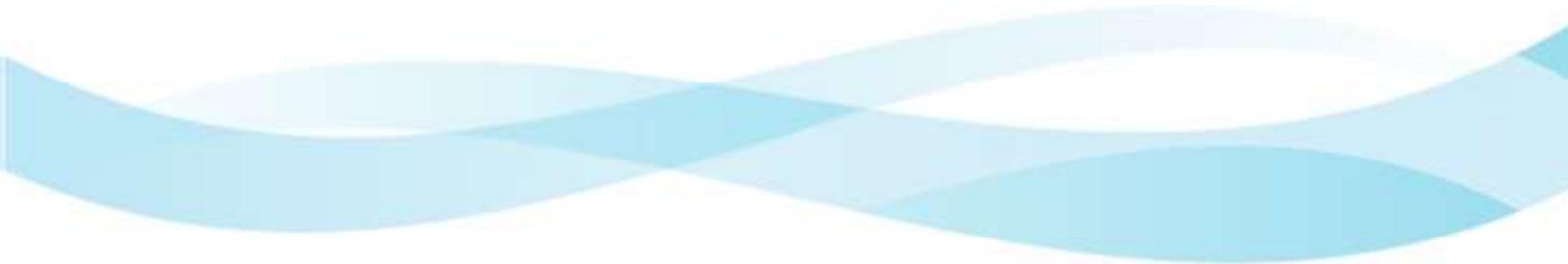
Comment Topic	Input Received
How can Marcum & Wallace better meet the community's health needs?	Educational programs, After-hours access, outpatient services, Substance Use Disorder (SUD) services, public transportation, community education on available services
What other healthcare services should be provided in your community?	Drug treatment and rehab centers, psychiatry, dermatology, allergy specialist, dental services, need night and weekend hours at the clinic

Four focus groups for 41 participants were held between May and October 2019, and the responses were received as follows:

1. Senior Center - key areas of concern include diabetes, cancer, access to food for some seniors, cost of prescriptions and lack of insurance coverage, drugs (Substance Use Disorder), and the need for more rehab and treatment centers.
2. White House Clinic Patients – FQHC – identified diabetes, obesity, anxiety, depression, substance use disorder, heart disease, COPD, transportation (especially for the elderly), and hypertension as the key areas of concern for their community members.
3. Foothills Clinic Powell County Staff – key areas of concern for low income families and students were lack of physical activity opportunities, obesity, insurance costs and cost of healthcare, and diabetes.
4. Kiwanis Club-Lee County – key areas of concern for low income families were transportation to appointments, food access, mental health services related to anxiety, grief, and stress.

A survey was developed with MWH staff and the Community Steering Committee which focused on the service area populations overall health and wellbeing as well as the medical diagnosis in the service area and was available in paper form and online. A mobile survey option was used to increase the number of surveys completed. Each member of the steering committee was responsible for distributing and collecting surveys as well as sharing the mobile link with coworkers and the populations that they served. The surveys were available at MWH, public health departments, the Interfaith Wellness Ministry, Estill County Schools and Carhartt, Inc. 483 surveys were completed and returned.

The Community Steering Committee reviewed the results of the surveys completed and input received from the community focus groups, compared the survey and focus group data to the various health data, and made recommendations to MWH for CHNA health priorities to be addressed.



Based on the community input obtained throughout the CHNA process, the following significant health needs were identified:

- Mental Health Issues
- Substance Use/Drugs
- Obesity
- Heart Disease and Stroke
- Cancer
- Arthritis
- Respiratory/Lung Disease

Organizations providing input

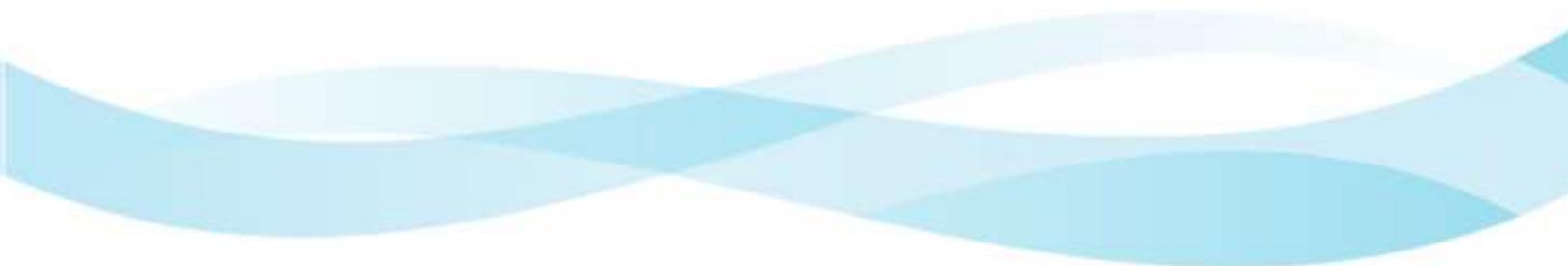
Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
Senior Center	Focus group participant	Low income seniors
Foothills Clinic - FQHC	Focus group participant	Low income populations, medically underserved
Estill County EMS	Steering committee member	Community at large
Interfaith Wellness Ministry	Steering committee member; survey participant	Low income populations, medically underserved
KY River Foothills Development Council, Inc	Steering committee member	Low income populations, medically underserved
Powell County Health Department	Steering committee member; survey participant	Low income populations, medically underserved
Kentucky River District Health Department	Steering committee member; survey participant	Low income populations, medically underserved
Estill Development Alliance	Steering committee member	Community at large
Estill County Chamber of Commerce	Steering committee member	Community at large
Lee County Fiscal Court	Steering committee member	Low income populations, medically underserved
Carhartt, Inc.	Steering committee member; survey participant	Factory employees, community at large
Estill County Schools	Steering committee member; focus group participant	Low income students and families
Housing Authority of Irvine	Steering committee member; focus group participant	Low income

Executive summary: Significant health needs

T.R. §1.501(r)-3(b)(4)

Significant Health Need	How/If Each Condition/Need Is Served Currently?	Capacity and Adequacy of Service Levels for the Condition within Community	MWH Resources Available to Address Condition/Need
Mental Health	Comprehensive Care provides limited mental health services within service area.	<p>Limited mental health services available- accessibility limited in each county of service area.</p> <p>Transportation is also a barrier to care for patients.</p>	MWH does not provide mental health services due to inability to recruit mental/behavioral health provider(s) to rural community.
Substance Abuse	<p>West Care provides limited services within service area.</p> <p>KY ASAP provides limited resources for community education/awareness/prevention.</p>	Bed availability and transportation is a barrier for patients seeking care for substance abuse treatment/conditions due to lack of localized services.	MWH does not provide substance abuse services or a treatment program due to lack of provider/space/beds to accommodate program.
Obesity	<p>Various community organizations are currently working to create awareness and educate the community regarding obesity, including but not limited to Interfaith Wellness Ministry, Estill County Health Department, and MWH.</p> <p>Limited services available within this service area to promote healthy exercise and healthy eating.</p> <p>No bariatric specialty services available within the service area.</p>	<p>Utilizing limited resources, local organizations are working to promote awareness/education through community events, school system activities, exercise programs, and healthy eating education/consultations.</p> <p>Transportation is a barrier to care for some patients within the defined rural service area.</p>	<p>MWH provides nutritional consultations and education of patients referred to our facility on both an inpatient and outpatient basis.</p> <p>MWH also provides community education regarding obesity at numerous community-based activities, including festivals, health fairs, workplace wellness events, school system, etc.</p> <p>MWH also offers Weekly Yoga exercise classes to the community at no charge to promote exercise and health living.</p>
Arthritis	<p>Specialty services to address arthritis are not provided within the service area by local providers.</p> <p>MWH does not provide arthritis services</p>	Specialty service not provided within the service area. Patients are primarily treated by primary care physician and/or sent outside the service area for specialty care, if needed.	MWH does not provide arthritis services due to inability to recruit specialist provider(s) to rural community.

		Transportation is a barrier to care for some patients within the defined rural service area.	
Cancer	<p>Oncology services and/or chemotherapy services not available within service area.</p> <p>MWH and other health organizations work to promote early detection and prevention of cancer(s) through community outreach events/activities.</p>	<p>Local access not available-cancer patients are referred to providers outside of the service area for treatment.</p> <p>Transportation is a barrier to care for some patients within the defined service area.</p>	<p>MWH does not currently provide oncology and/or chemotherapy services due to the inability to recruit a provider to a rural community.</p> <p>Space limitations at MWH have also created restricted barriers to providing chemotherapy services.</p>
Heart Disease	<p>Local access to cardiology services available at MWH through specialty clinics.</p> <p>MWH and other health organizations work to promote early detection and prevention of heart disease through community outreach events/activities.</p>	<p>Transportation is a barrier to care for some patients within the defined service area.</p>	<p>MWH has developed the Code AMI program with Baptist Health Lexington that enables the timely stabilization and transfer of AMI (acute myocardial infarction) patients for invasive treatment. MWH plans for continued development of this program in efforts to address heart disease.</p> <p>MWH is also working to obtain Chest Pain Certification.</p>
Respiratory/Lung Disease	<p>Local access to pulmonology services available at MWH through specialty clinics.</p> <p>MWH is Lung CT Accredited and has developed tools to assist providers in identifying appropriate patients for the testing protocol.</p>	<p>Transportation is a barrier to care for some patients within the defined service area.</p>	<p>MWH is developing Annual Wellness Visit tools to share with patients on the ability to ask for services and to identify high risk populations through community events.</p> <p>Smoking cessation education is provided to patients and community attendees during employee wellness events.</p>



Prioritization of health needs

There were several steps in the priority of the health needs that were identified the robust identification and subsequent interviewing of key stakeholders in the community. The first step occurred with CEDIK reporting back to the Community Steering Committee with a review of survey and focus groups results to allow them to make recommendations to the Executive Team of the hospital. The Executive Team took the lengthy list of findings that needed to be initially pared down to a reasonable number for analysis. After reviewing community input, survey and focus group results from the community health needs assessment process, the executive team ranked the identified needs in order of priority to be addressed by the hospital.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on five factors:

- 1) The ability of Marcum and Wallace Hospital to evaluate and measure outcomes.
- 2) The number of people affected by the issue or size of the issue.
- 3) The consequences of not addressing this problem.
- 4) Prevalence of common themes.
- 5) The existence of hospital programs which respond to the identified need.

Health needs were then prioritized taking into account their overall ranking, the degree to which Marcum and Wallace Hospital can influence long-term change, and the impact of the identified health needs on overall health. Marcum and Wallace Hospital will convene as a facility to develop the implementation strategy after priorities were discussed. Marcum and Wallace Hospital will continue to work with the community to execute the implementation plan and realize the goals that have been positioned to build a healthier community – a healthier Kentucky.

Prioritized health needs

Based on all of the above information and processes, the prioritized health needs of the community served by the hospital are listed below.

SUBSTANCE ABUSE

Based on the community survey results conducted for this CHNA, 31% of respondents identified substance abuse disorder services as a way the hospital could better meet the needs of the community. Secondary data also identifies this as a community issue. CDC data from 2017 lists Estill County as one of the highest opioid prescribing rates in Kentucky (<https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>). Focus group feedback collected for the CHNA also identified substance abuse as an issue.

BEHAVIORAL HEALTH

Based on the community survey results conducted for this CHNA, 18% of respondents identified mental health services as a way the hospital could better meet the needs of the community. Secondary data also identifies this as a community issue with more than 9% of households surveyed reporting, they suffer from mental health issues. Focus group feedback collected for the CHNA also identified mental health as an issue.

OBESITY

Based on the community survey results conducted for this CHNA, 20% of respondents identified overweight/obesity as a health challenge their household faces. Secondary data also identifies this as a community issue. In Estill and Lee Counties, nearly 40% of the adult population is obese, according to data from the 2019 County Health Rankings (www.countyhealthrankings.org). Focus group feedback collected for the CHNA also identified obesity as an issue.

Resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

SUBSTANCE ABUSE

- Collaborate with potential partners to increase community awareness of substance abuse prevention and treatment resources.
- Partner with local school districts to conduct substance abuse prevention education within school systems in hospital service area.
- Investigate opportunities to increase local access to substance abuse services within hospital service area.

Potential Partners:

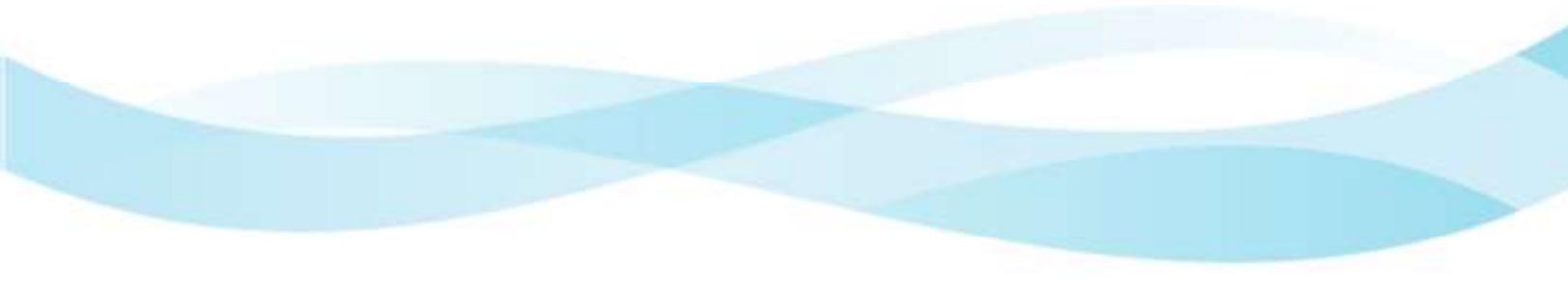
School Districts, EKY-ASAP, West Care, Project HOME Network, and other community-based programs.

BEHAVIORAL HEALTH

- Investigate opportunities to provide behavioral health services to patients within MWH ER and primary care clinics.
- Increase community awareness of behavioral health issues and resources available to address behavioral health needs.

Potential Partners:

Project HOME Network, other local health care providers.



OBESITY

- Promote increased physical activity and proper nutrition to fight obesity, with an emphasis on childhood obesity.

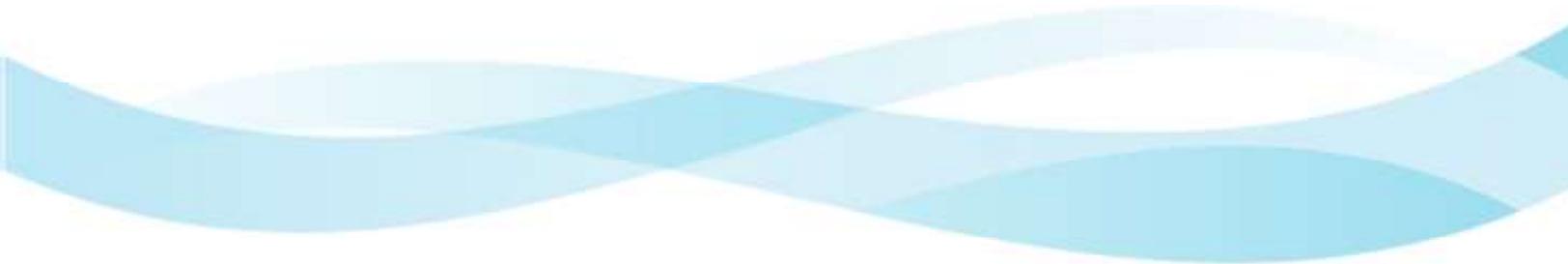
Potential Partners:

School Districts, pediatric providers, local employers, and civic groups/organizations

Progress on Health Priorities Identified in the 2016 Health Needs Assessment

SUBSTANCE ABUSE

Initiative	Impact
Partner with community-based organizations to give students substance-abuse prevention education.	MWH was an active partner in Project Prom/Ghost Out Event
Help the community by referring identified patients to appropriate prevention and treatment.	Patients were referred to the appropriate level of care for prevention and treatment efforts on an ongoing basis.
Collaborate with the KY-ASAP of Estill and Powell counties to promote community awareness and education about substance-abuse prevention and detection.	MWH representatives attended/financially supported community events with the purpose of educating the community about the opiate crisis at the following events: SPARK Rally, Be a Light in the Darkness Event, Racing for Recovery, and Hiding in Plain Sight.

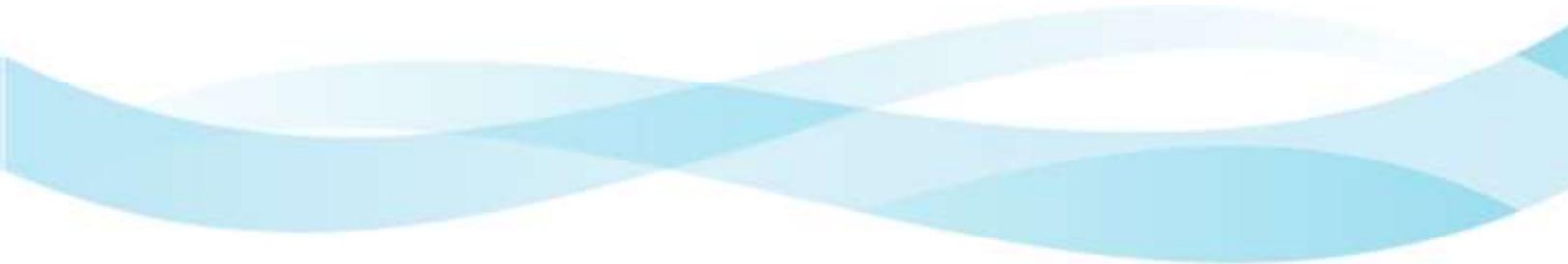


PRESCRIPTION ASSISTANCE

Initiatives	Impact
Develop a Medication Therapy Management program for at-risk and medically under-served population.	<p>Developed and implemented an MTM program. MTM is a program that provides the following to our at-risk/medically underserved population:</p> <ul style="list-style-type: none"> - Prescription-cost assistance - Medication reconciliation - Resources to increase medication adherence - Resources to build patient understanding - Disease control <p>488 services provided annually by this program.</p>
Increase awareness of a 340B pharmacy program to give the at-risk population prescription assistance.	Increased utilization of 340B pharmacy program for prescription assistance resulting in \$47,509 and \$378,176 in patient savings in 2017 and 2018, respectively.

SPECIALTY CARE SERVICES

Initiatives	Impact
Identify community need for defined specialists.	Need for specialty services defined by referral needs from MH primary care clinics within service area. Identified needs: cardiology, orthopedics, general surgery.
Recruit more specialty providers for Marcum and Wallace specialty clinics.	Successful recruitment of additional specialists for MWH specialty clinics to meet defined needs, including increased access to all defined specialty services for orthopedics and general surgery.
Complete a master facility-planning process to build more space to accommodate specialty services.	Master facility planning process completed in 2018, and capital expansion project submitted for system approval.



AFTER HOURS/URGENT CARE CLINIC

Initiatives	Impact
Provide an after-hours/weekend clinic for patients who need treatment for non-emergency illnesses and injuries in Estill County.	Establish and track the access of people in the service area to primary care after hours and on weekends. Approximately 5,200 patients treated in 2017 and 2018.
Investigate options for after-hours care in Lee and Powell counties, which have no hospital.	Complete an evaluation of opportunities for after-hours care in Lee and Powell Counties. Established a Saturday clinic in Lee County in 2017. Approximately 400 patients treated.

